

M-941

WQ**MASSACHUSETTS DEPARTMENT OF REVENUE
EMPLOYER'S QUARTERLY RETURN OF INCOME TAXES WITHHELD
YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.**NUMBER OF EMPLOYEES FROM
WHOM TAXES WERE WITHHELD:

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN COVERS
THE CORRECT PERIOD

FOR QTR ENDING

☐ Check here if EFT payment.**Note:** An entry must be made in each line. Enter "0," if applicable.IF ANY
INFOR-
MATION IS
INCORRECT,
SEE
INSTRUC-
TIONS.☐ Check if final return and you wish to close your withholding tax account.

1. AMOUNT WITHHELD

2. ADJUSTMENT FOR PRIOR
AMOUNT WITHHELD*3. AMOUNT DUE AFTER ADJUST-
MENT (NOT LESS THAN "0")

4. PENALTIES

5. INTEREST

6. TOTAL AMOUNT DUE
(ADD LINES 3, 4 AND 5)Return is due with payment on or before the last day of the month following the calendar quarter indicated above. Make check payable to Commonwealth of Massachusetts. Mail to: **Mass. Department of Revenue, PO Box 7042, Boston, MA 02204.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

CHECK HERE IF USING THE BACK OF THIS FORM: ☐

Signature

Title

Date

*Explain any adjustment on reverse or it will be disallowed.

LINE 2 ADJUSTMENT INFORMATION

STATE REASON FOR ADJUSTMENT REQUEST:

	AS REPORTED	CORRECTED	
AMOUNT WITHHELD			
ADJUSTMENT PRIOR PERIOD			
AMOUNT PAID			
REPORTED UNDER FED. IDENT. NO.			
REPORTING PERIOD IN ERROR			

